



Automated Medical Payments

# Medicaid Bulletin Colorado Title XIX

Fiscal Agent

**CONSULTEC**

600 Seventeenth Street  
Suite 600 North  
Denver, CO 80202

## Medicaid Provider Services

303-534-0146  
1-800-237-0757

## Mailing Addresses

Claims & PARs  
P.O. Box 30  
Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments  
P.O. Box 90  
Denver, CO 80201-0090

Provider enrollment, Provider information,  
Changes, Signature authorization,  
and Claim requisitions  
P.O. Box 1100  
Denver, CO 80201-1100

## Medicaid Fiscal Agent Information on the Internet

[coloradomedicaid.consultec-inc.com](http://coloradomedicaid.consultec-inc.com)

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

**Distribution: Pharmacies, Physicians, & Osteopaths**

**October 2000**

**Reference: B0000080**

## New pharmacy benefit

Effective November 1, 2000, D5A Fat Absorption Decreasing Agents will be a benefit of the Colorado Medicaid program. Claims must meet the following prior authorization criteria:

| Drug                                 | Criteria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D5A Fat Absorption Decreasing Agents | <ul style="list-style-type: none"> <li>✓ Client must have a Body Mass Index (BMI) greater than or equal to 35.</li> <li>✓ Client must have at least one of the following diseases: diabetes, hypertension, hyperlipidemia, or obstructive sleep apnea.</li> <li>✓ Initial prior authorization will be for 3 months if the drug is tolerated.</li> <li>✓ Client must have minimum loss of 3% of body weight per month to receive additional prior authorizations.</li> <li>✓ Each additional prior authorization will be limited to 6 months.</li> <li>✓ Prior authorizations will be denied if the client has a diagnosis of anorexia nervosa or bulimia-type eating disorders.</li> </ul> |

To obtain a prior authorization or if you have any questions, please contact PDCS Pharmacy Support at:

**1-800-365-4944.**